| Fill in this info                                                      | ormation to ide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ntify your case:                                                  |                                          |               |                 |                                                                                        |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------|---------------|-----------------|----------------------------------------------------------------------------------------|
| Debtor 1                                                               | Roy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A.                                                                | Hendrick                                 | re .          |                 |                                                                                        |
| Debtor 1                                                               | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                                       | Last Name                                |               | Che             | eck if this is:                                                                        |
| Debtor 2<br>(Spouse, if filing                                         | ı) First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Middle Name                                                       | Last Name                                |               | —   <b>Z</b>    | An amended filing                                                                      |
|                                                                        | ankruptcy Court for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   | T. OF PENNSYL                            | <b>Λ</b> ΑΝΙΔ |                 | A supplement showing postpetition                                                      |
| Case number                                                            | 5:21-bk-001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | 1. OF TENNOTE                            | _             | $  $ $^{-}$     | chapter 13 income as of the following date:                                            |
| (if known)                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                          |               |                 | MM / DD / YYYY                                                                         |
| Official Form                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                          |               |                 |                                                                                        |
| Schedule I:                                                            | Your Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                          |               |                 | 12/15                                                                                  |
| include informatio<br>about your spouse<br>your name and ca            | on about your spou<br>e. If more space is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | se. If you are separ<br>needed, attach a se<br>n). Answer every c | ated and your spo<br>eparate sheet to th | use is not    | filing with y   | spouse is living with you, rou, do not include information any additional pages, write |
| 1. Fill in your en information.                                        | nployment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | Debtor 1                                 |               |                 | Debtor 2 or non-filing spouse                                                          |
| If you have mo<br>job, attach a s<br>with informatic<br>additional emp | eparate page Er<br>on about<br>olovers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nployment status                                                  | ☐ Employed ☑ Not employe                 | ed            |                 | Employed  Not employed                                                                 |
| Include part-tir<br>or self-employ                                     | me, seasonal,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | mployer's name                                                    |                                          |               |                 |                                                                                        |
| Occupation ma<br>student or hon<br>applies.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nployer's address                                                 | Number Street                            |               |                 | Number Street                                                                          |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                          |               |                 | ·                                                                                      |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | City                                     | State         | Zip Code        | City State Zip Code                                                                    |
|                                                                        | u,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ow long employed ti                                               | •                                        |               | ,               | , , , , , , , , , , , , , , , , , , , ,                                                |
|                                                                        | n.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ow long employed the                                              |                                          |               | _               |                                                                                        |
| Part 2: Giv                                                            | e Details About                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Monthly Incom                                                     | е                                        |               |                 |                                                                                        |
|                                                                        | income as of the danger of the |                                                                   | <b>n.</b> If you have noth               | ing to repo   | rt for any line | e, write \$0 in the space. Include your                                                |
| If you or your non-fi                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ore than one employ                                               | er, combine the info                     | ormation fo   | r all employe   | rs for that person on the lines below. If                                              |
| you need more spa                                                      | ioo, attaon a soparat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e sheet to this form.                                             |                                          | For           | Debtor 1        | For Debtor 2 or non-filing spouse                                                      |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y, and commissions<br>onthly, calculate what                      |                                          | 2             | \$0.00          |                                                                                        |
| 3. Estimate and                                                        | list monthly overti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | me pay.                                                           |                                          | 3. +          | \$0.00          |                                                                                        |
| 4. Calculate gro                                                       | ss income. Add lir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ne 2 + line 3.                                                    |                                          | 4.            | \$0.00          |                                                                                        |

Official Form 106l Case 5:21-bk-00169-MJC

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12. \$4,067.00 income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, Combined if it applies. monthly income 13. Do you expect an increase or decrease within the year after you file this form? See continuation sheet. Yes. Explain: Official Form 106I Schedule I: Your Income page 2 Doc 62 Filed 04/08/22 Entered 04/08/22 16:09:59 Desc

| Deptor 1 | Roy A. Hendricks             | Case number (if known) <u>5:21-bk-00169</u>    | <del>)</del> |
|----------|------------------------------|------------------------------------------------|--------------|
| 8h Off   | ner Monthly Income (details) | For Debtor 1 For Debtor 2 or non-filing spouse |              |
| Avera    | erage Tax Refund             | \$42.00                                        |              |
|          | od Stamps                    | \$225.00                                       |              |
|          |                              | Totals: \$267.00                               |              |

13. Expected increase or decrease within the year after you file this form:

Debtor's SS Benefits is exempt for purposes of determining disposable income as under means test Congress specifically exempted same. In addition, definition of current monthly income under Section 101 specifically excludes SS Benefits. Lastly, Congress specifically exempted SS Benefits from being garnished attached and levied by a creditor. Debtor exempts total amount of \$775.03. Remaining amount will be utilized to fund Plan.

|                                                     | mation to iden               | ury your case.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | С                                           | heck if thi | s is:                               |                                    |
|-----------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------|-------------------------------------|------------------------------------|
| Debtor 1                                            | Roy<br>First Name            | A.<br>Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Hendrick<br>Last Name | <u>v</u>                                    | 4           | ended filing                        | nootnotitie-                       |
| Debtor 2                                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | -                                           |             | olement showing<br>er 13 expenses a |                                    |
| (Spouse, if filing)                                 | First Name                   | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Last Name             |                                             | followi     | ng date:                            |                                    |
| United States Ban                                   | kruptcy Court for th         | e: MIDDLE DIST. (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OF PENNSYL            | VANIA                                       | MM / E      | DD / YYYY                           | <del>_</del>                       |
| Case number (if known)                              | 5:21-bk-0016                 | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | _                                           |             |                                     |                                    |
| fficial Form 1                                      | 06J                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                             |             |                                     |                                    |
| chedule J: Y                                        | our Expens                   | es                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                             |             |                                     | 12                                 |
| rrect information.                                  | If more space is r           | ble. If two married peneeded, attach anothenswer every question.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | er sheet to this      |                                             |             |                                     |                                    |
| Part 1: Desc                                        | ribe Your Hous               | sehold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                             |             |                                     |                                    |
| Is this a joint ca                                  | ise?                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                             |             |                                     |                                    |
|                                                     | <b>Debtor 2 live in a</b> lo | separate household?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | · Separate Household                        | of Debtor   | · 2.                                |                                    |
| Do you have de                                      |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                             |             |                                     |                                    |
| Do not list Debto<br>Debtor 2.                      | or 1 and                     | Yes. Fill out this inf for each dependent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | omation <b>D</b>      | ependent's relations<br>ebtor 1 or Debtor 2 | hip to      | Dependent's age                     | Does depend<br>live with you'      |
| Do not state the names.                             | dependents'                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -<br>-<br>-           |                                             |             |                                     | Yes No Yes No Yes No No Yes No Yes |
| Do your expens<br>expenses of pe<br>yourself and yo |                              | ✓ No<br>□ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _                     |                                             |             |                                     | □ No<br>- □ Yes                    |
| timate your exper                                   | nses as of your bar          | oing Monthly Expensions  Note: The properties of the contract | nless you are u       | •                                           |             | •                                   |                                    |
| form and fill in the                                | ne applicable date.          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                     |                                             | ,           |                                     | •                                  |
|                                                     |                              | sh government assis<br>on Schedule I: Your Ir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •                     |                                             |             | Your expens                         | ses                                |
|                                                     |                              | penses for your resid<br>d any rent for the grour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                             |             | 4.                                  | \$1,988.9                          |
| If not included i                                   | n line 4:                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                             |             |                                     |                                    |
| 4a. Real estate                                     | taxes                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                             |             | 4a                                  | \$250.0                            |
| 4b. Property, he                                    | omeowner's, or rent          | er's insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                             |             | 4b                                  | \$83.0                             |
| ib. Troporty, in                                    |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                             |             |                                     |                                    |
| , ,                                                 | tenance, repair, and         | d upkeep expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                             |             | 4c                                  |                                    |

19.

deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

19. Other payments you make to support others who do not live with you.

| Deb | tor 1 | Roy A. Hendricks                                                                                                                                                       | Case number (if known) | 5:21-bk-00169 |  |  |  |  |  |  |
|-----|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|--|--|--|--|--|--|
|     |       | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.                                                                          |                        |               |  |  |  |  |  |  |
|     | 20a.  | Mortgages on other property                                                                                                                                            | 20a                    |               |  |  |  |  |  |  |
|     | 20b.  | Real estate taxes                                                                                                                                                      | 20b                    |               |  |  |  |  |  |  |
|     | 20c.  | Property, homeowner's, or renter's insurance                                                                                                                           | 20c                    |               |  |  |  |  |  |  |
|     | 20d.  | Maintenance, repair, and upkeep expenses                                                                                                                               | 20d                    |               |  |  |  |  |  |  |
|     | 20e.  | Homeowner's association or condominium dues                                                                                                                            | 20e                    |               |  |  |  |  |  |  |
| 21. | Other | r. Specify: Auto Maintenance and repair                                                                                                                                | 21. +                  | \$20.00       |  |  |  |  |  |  |
| 22. | Calcu | alculate your monthly expenses.                                                                                                                                        |                        |               |  |  |  |  |  |  |
|     | 22a.  | Add lines 4 through 21.                                                                                                                                                | 22a                    | \$3,141.97    |  |  |  |  |  |  |
|     | 22b.  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.                                                                                       | 22b                    |               |  |  |  |  |  |  |
|     | 22c.  | Add line 22a and 22b. The result is your monthly expenses.                                                                                                             | 22c                    | \$3,141.97    |  |  |  |  |  |  |
| 23. | Calcu | ulate your monthly net income.                                                                                                                                         |                        |               |  |  |  |  |  |  |
|     | 23a.  | Copy line 12 (your combined monthly income) from Schedule I.                                                                                                           | 23a                    | \$4,067.00    |  |  |  |  |  |  |
|     | 23b.  | Copy your monthly expenses from line 22c above.                                                                                                                        | 23b. <b>_</b> _        | \$3,141.97    |  |  |  |  |  |  |
|     | 23c.  | Subtract your monthly expenses from your monthly income. The result is your monthly net income.                                                                        | 23c                    | \$925.03      |  |  |  |  |  |  |
| 24. | Do yo | you expect an increase or decrease in your expenses within the year after you file this form?                                                                          |                        |               |  |  |  |  |  |  |
|     |       | xample, do you expect to finish paying for your car loan within the year or do you elent to increase or decrease because of a modification to the terms of your mortga | . ,                    |               |  |  |  |  |  |  |
|     |       | No. Yes. Explain here: None.                                                                                                                                           |                        |               |  |  |  |  |  |  |